

## APPLICATION DATA SHEET

### APPLICATION INFORMATION

|                          |  |
|--------------------------|--|
| Application Type::       | REGULAR  |
| Subject Matter::         | UTILITY  |
| CD-ROM or CD-R?::        | NONE   |
| Title::                  | Compositions and Methods for the<br>Treatment of Immune Related Diseases |
| Attorney Docket Number:: | P1977R1  |

## INVENTOR INFORMATION

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: US  
Status:: FULL CAPACITY  
Given Name:: Sarah  
Middle Name:: C.  
Family Name:: Bodary  
City of Residence:: Menlo Park  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 1951 Camino de los Robles  
City of Mailing Address:: Menlo Park  
State or Province of Mailing Address:: CA  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 94025

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: US  
Status:: FULL CAPACITY  
Given Name:: Hilary  
Family Name:: Clark  
City of Residence:: San Francisco  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 1504 Noe St.  
City of Mailing Address:: San Francisco  
State or Province of Mailing Address:: CA  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 94131

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: US  
Status:: FULL CAPACITY  
Given Name:: Brisdell  
Family Name:: Hunte  
City of Residence:: San Francisco  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 1133 Dolores Street #16  
City of Mailing Address:: San Francisco  
State or Province of Mailing Address:: CA  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 94110

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: US  
Status:: FULL CAPACITY  
Given Name:: Janet  
Middle Name:: K.  
Family Name:: Jackman  
City of Residence:: Half Moon Bay  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 94 Patrick Way  
City of Mailing Address:: Half Moon Bay  
State or Province of Mailing Address:: CA  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 94019

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: US  
Status:: FULL CAPACITY  
Given Name:: Jill  
Middle Name:: R.  
Family Name:: Schoenfeld  
City of Residence:: Ashland  
State or Province of Residence:: OR  
Country of Residence:: US  
Street of Mailing Address:: 680 Spring Creek Drive  
City of Mailing Address:: Ashland  
State or Province of Mailing Address:: OR  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 97520

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: US  
Status:: FULL CAPACITY  
Given Name:: P.  
Middle Name:: Mickey  
Family Name:: Williams  
City of Residence:: Half Moon Bay  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 509 Alto Avenue  
City of Mailing Address:: Half Moon Bay  
State or Province of Mailing Address:: CA  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 94019

Applicant Authority Type:: INVENTOR  
 Primary Citizenship Country:: US  
 Status:: FULL CAPACITY  
 Given Name:: William  
 Middle Name:: I.  
 Family Name:: Wood  
 City of Residence:: Cupertino  
 State or Province of Residence:: CA  
 Country of Residence:: US  
 Street of Mailing Address:: 15060 Montebello Road  
 City of Mailing Address:: Cupertino  
 State or Province of Mailing Address:: CA  
 Country of Mailing Address:: US  
 Postal or Zip Code of Mailing Address:: 95014

Applicant Authority Type:: INVENTOR  
 Primary Citizenship Country:: US  
 Status:: FULL CAPACITY  
 Given Name:: Thomas  
 Middle Name:: D.  
 Family Name:: Wu  
 City of Residence:: San Francisco  
 State or Province of Residence:: CA  
 Country of Residence:: US  
 Street of Mailing Address:: 41 Nevada Street  
 City of Mailing Address:: San Francisco  
 State or Province of Mailing Address:: CA  
 Country of Mailing Address:: US  
 Postal or Zip Code of Mailing Address:: 94110

#### CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 09157

#### REPRESENTATIVE INFORMATION

Representative Customer Number:: 00000

#### DOMESTIC PRIORITY INFORMATION

| Application::    | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|-------------------|----------------------|----------------------|
| This Application | National Stage of | PCT/US03/028317      | 09/10/03             |
| PCT/US03/028317  | 119(e) of         | 60/410340            | 09/11/02             |

## FOREIGN PRIORITY INFORMATION

### ASSIGNMENT INFORMATION

|   |                     |
|---|---------------------|
| Assignee Name::                         | Genentech, Inc.     |
| Street of Mailing Address::             | 1 DNA Way           |
| City of Mailing Address::               | South San Francisco |
| State or Province of Mailing Address::  | CA                  |
| Country of Mailing Address::            | US                  |
| Postal or Zip Code of Mailing Address:: | 94080               |